

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/29/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495360</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WOODLANDS HEALTH AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 FAIRVIEW HEIGHTS</b> <b>CLIFTON FORGE, VA 24422</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 06/08/16 through 06/09/16. One complaint was investigated. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. The Life Safety Code survey/report will follow.  The census in this 60 certified bed facility was 54 at the time of the survey. The survey sample consisted of 12 current Resident reviews (Residents # 1 through 12) and two closed record reviews (Residents # 13 and 14).	F 000			
F 176 SS=D	RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE CFR(s): 483.10(n)  An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.  This REQUIREMENT is not met as evidenced by: Based on medication pass and pour observation, staff interview, facility document review and clinical record review, the facility staff failed to ensure that one of 14 residents, Resident #6 was assessed for self administration of medications.  During a medication pass and pour observation, LPN (licensed practical nurse) #2 prepared Resident #6's nebulizer treatment but did not stay in the room with her while the treatment was administered. Resident #6 was not assessed for self administration of her medication.	F 176	Corrective Action: Resident #6 was assessed for self-administering of medication on 6/22/16 and deemed incapable of self-administration. LPN # 2 was counseled regarding nebulizer administration.  Identifying other residents: Any resident who uses a nebulizer has the potential to be affected if not assessed for self-administration capability.	7/22/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/23/2016

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 176	<p>Continued From page 1</p> <p>Findings were:</p> <p>Resident #6 was admitted to the facility on 05/01/2015. Her diagnoses included, but were not limited to: Anemia, congestive heart failure, COPD (chronic obstructive pulmonary disease), bipolar disorder, renal insufficiency and hypertension.</p> <p>The most recent MDS (minimum data set) was an annual assessment with an ARD (assessment reference date) of 04/14/2016. Resident #6 was assessed as having a cognitive summary score of "12", indicating her cognitive status was moderately impaired.</p> <p>A medication pass and pour observation was conducted on 06/08/2016 beginning at approximately 8:35 a.m. This surveyor approached LPN #2 and after introductions requested to observe the medication pass. LPN #2 had given Resident #6 all of her oral morning medications but stated she was going to give her a nebulizer treatment as well as apply a topical cream to her back.</p> <p>This surveyor observed LPN #2 go into Resident #6's room, the medication Budesonide (Pulmicort - an inhaled steroid medication) 0.5 milligrams per 2 milliliters was added to the cup on the nebulizer machine. The nebulizer machine was turned on and the tubing with attached mouth piece was handed to the resident. LPN #2 then went out into the hallway to the medication cart and stated, "I need to keep her in my eyesight. I am going to go ahead and get the next resident's medication ready." LPN #2 prepared medications for the next resident, but discovered that not all</p>	F 176	<p>Systemic Changes: Nursing staff will be educated on the "Use of Nebulizer" policy and Medication Self-Administration Assessment Policy.</p> <p>Monitoring: Nursing Administration or Designee will observe use of nebulizer process weekly for 4 weeks, then 2x month for 1 month, then monthly for 1 month. Findings will be reported to QAPI and any variance addressed.</p>		

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F 176	<p>Continued From page 2</p> <p>medications ordered were in the medication cart. LPN #2 looked in the room at Resident #6 and checked her nebulizer treatment. She stated, "This hasn't been working." (All the medication was still in the nebulizer cup.) She manipulated the nebulizer and the medication began to aerate through the tube. She handed the nebulizer back to Resident #6 and returned to the medication cart. She stated, "I need to see if we have the medications that aren't in the cart for [name of resident] in the stat box."</p> <p>LPN #2 and this surveyor then went to the medication room. LPN #2 looked over the medication list for the stat box and stated, "The correct dose isn't in here." She then returned to the medication cart and reviewed the medication orders for the next resident. She stated, "Wait, the right dose is in the box, let me go get it." LPN #2 and this surveyor returned to the medication room. LPN #2 got the medication from the stat box and stated, "This is one of the medications, I still don't have the [name of medication]...I need to call the pharmacy." LPN #2 then went to the nurse's station and called the pharmacy. After that call she stated, "I need to tell the DON (director of nursing) that I don't have all the medicines from the pharmacy." LPN #2 then spoke with the DON in the hallway.</p> <p>LPN #2 then returned to Resident #6's room. Resident #6 was standing at the sink, her oxygen tubing was on the floor and her nebulizer tubing was back in the bag on her bedside table. LPN #2 went to the bedside table and looked at the medication cup attached to the nebulizer tubing. She stated, "It's all gone, she finished it."</p> <p>LPN #2 was asked if she normally left resident's</p>	F 176			

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F 176	Continued From page 3 while nebulizer treatments were being administered. She stated, "Not usually, but I had to go check on the medications for the other resident."  A copy of the facility policy regarding nebulizer medications was requested. Per the facility policy, "Use of Nebulizers", "...Residents will not be left alone during administration unless approved for self-administration."  Review of the clinical record revealed that Resident #6 was not assessed for self-administration of medications.  The DON and the administrator were notified of the above information during an end of the day meeting on 06/08/2016.  No further information was obtained prior to the exit conference on 06/09/2016.	F 176			
F 246 SS=D	REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES CFR(s): 483.15(e)(1)  A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.  This REQUIREMENT is not met as evidenced by: Based on observation, resident interview and staff interview, the facility failed to ensure a	F 246	Corrective Action: The Bed for Resident #6 was moved to allow appropriate door		6/30/16

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F 246	<p>Continued From page 4</p> <p>reasonable accommodation of space in a resident room for ease of access in opening and closing the resident's room door for one of 14 residents, Resident # 6.</p> <p>The facility failed to ensure Resident # 6's room furnishings were appropriately placed for ease of room door opening and closing.</p> <p>Findings include:</p> <p>During a complaint investigation on 06/08/16 through 06/09/16, Resident # 6 was observed on multiple occasions during the survey process.</p> <p>On 06/08/16 at 10:50 a.m., Resident # 6 was interviewed in her room. The resident asked this surveyor to close the room door for privacy. The resident's room door was attempted to close, but the bottom end of the resident's bed kept the door from closing.</p> <p>The resident was asked if there is a problem with closing the door, when privacy is wanted. The resident voiced, yes and further voiced that the door is normally left open because it can't be closed due to the bed being in the way.</p> <p>The resident was sitting in a w/c (wheelchair) on the other side of the bed and had to move toward the middle of the room, so the bed could be moved in order to open the resident's room door. The resident was not able to complete this task alone.</p> <p>CNA (certified nursing assistant) # 2 was in the hall, when the door was trying to be closed for privacy and voiced that it is always like that and there isn't much room and additionally voiced,</p>	F 246	<p>closure on 06/10/16.</p> <p>Identifying other Potential Residents: All 32 resident room doors were checked to assure that there was ease of access in opening and closing the resident's room doors.</p> <p>Systemic Change: Staff will be educated on observing and removing any barriers to door closures during rounding, room cleaning and care.</p> <p>Monitoring: Resident doors will be checked 5x week for 4 weeks during rounds by Administrator or designee, then monthly for 2 months to ensure ease of access in opening and closing the resident's room door. Results will be reported to the QAPI Committee with any variances addressed.</p>		

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F 246	Continued From page 5 you have to move the bed out of the way.  The resident, and resident's room was observed several occasions throughout the day on 06/08/16 and on 06/09/16, with the room/bed placement in the same positioning.  On 06/09/16 at approximately 2:15 p.m., the DON (director of nursing), the administrator, unit manager, and corporate nurse were made aware in a meeting with the survey team. No comments were made regarding the above information.  No further information or documentation was presented prior to the exit conference on on 06/09/16 at 4:00 p.m.	F 246			
F 280 SS=D	RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP CFR(s): 483.20(d)(3), 483.10(k)(2)  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.	F 280			7/22/16

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F 280	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to review and revise the care plan for one of 14 residents (Resident #2).</p> <p>Resident #2 was not using a built up turn utensil. However, the built up turn utensil remained on the care plan.</p> <p>Findings were:</p> <p>Resident #2 was most recently readmitted to the facility on 10/14/2015. Her diagnoses included but were not limited to: MS (multiple sclerosis), hypertension, heart block, history of DVT (deep vein thrombosis), peptic ulcer, contractures of right and left hand.</p> <p>The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 05/03/2016. Resident #2 was assessed as having a cognitive summary score of "15", indicating no impairment with her cognitive status.</p> <p>The care plan was reviewed. A focus area, "...has altered nutritional needs..." Interventions included, but were not limited to: "built up turn utensil, transparent sippy cup mug and regular utensils for pt use each meal..."</p> <p>Lunch was served to Resident #2 at approximately 12:45 p.m., on 06/08/2016. There</p>	F 280	<p>Corrective Action: The Physician was notified and the order for the built up utensil was discontinued for Resident #2 effective 06/10/16.</p> <p>Identifying Other Potential Residents: The Dietary Orders and care plans for current residents were reviewed and revised as appropriate to assure accuracy</p> <p>Systemic Changes: The Nursing, MDS, Therapy and Dietary Staff will be educated on recommending, noting and providing the appropriate utensils for meals and informing the appropriate staff if there has been a change in the need for or use of the utensils and care plan revision process.</p> <p>The Physician Orders will reflect resident's need for adaptive feeding utensils based on recommendations and Care plans will be revised as appropriate.</p> <p>Monitoring: Physicians' orders, including orders for adaptive utensils and therapy recommendations will be reviewed weekly x 4 weeks, then 2x month for 1 month, then monthly for 1 month by nursing administration or designee. Findings will be reported to QAPI and any variances addressed.</p>		

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F 280	Continued From page 7  were no built up utensils on her tray. Resident #2 was asked if she normally had them on her tray. She stated, "Therapy took them away...I don't know why." Resident #2 was asked if the built up utensils helped her to eat better. She stated, "I don't really know...it's been so long since they stopped giving them to me I don't remember."  On 06/08/2016 at approximately 2:30 p.m., the OTR (occupation therapist registered) who had worked with Resident #2 was interviewed. She was asked about the use of the built up utensils. She stated, "I thought I had discharged those...we worked with several different things...I will take care of it."  An end of the day meeting was held with the DON (director of nursing), the administrator, and facility staff on 06/08/2016 at approximately 4:40 p.m. The above information was discussed.	F 280			
F 281 SS=D	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS CFR(s): 483.20(k)(3)(i)  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medication pass and pour observation, staff interview, facility document review and clinical record review, the facility staff failed to follow professional standards of nursing for the	F 281	Corrective Action: Resident #6 was assessed for self-administering of medication on 6/22/16 and deemed incapable of self-administration. LPN # 2	7/22/16	



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F 281	<p>Continued From page 8</p> <p>administration of nebulizer treatments for one of 14 residents.</p> <p>During a medication pass and pour observation, LPN (licensed practical nurse) #2 prepared Resident #6's nebulizer treatment but did not stay in the room with her while the treatment was administered.</p> <p>Findings were:</p> <p>Resident #6 was admitted to the facility on 05/01/2015. Her diagnoses included, but were not limited to: Anemia, congestive heart failure, COPD (chronic obstructive pulmonary disease), bipolar disorder, renal insufficiency and hypertension.</p> <p>The most recent MDS (minimum data set) was an annual assessment with an ARD (assessment reference date) of 04/14/2016. Resident #6 was assessed as having a cognitive summary score of "12", indicating her cognitive status was moderately impaired.</p> <p>A medication pass and pour observation was conducted on 06/08/2016 beginning at approximately 8:35 a.m. This surveyor approached LPN #2 and after introductions requested to observe the medication pass. LPN #2 had given Resident #6 all of her oral morning medications but stated she was going to give her a nebulizer treatment as well as apply a topical cream to her back.</p> <p>This surveyor observed LPN #2 go into Resident #6's room, the medication Budesonide (Pulmicort - an inhaled steroid medication) .5 milligrams (mg) per 2 milliliters (ml) was added to the cup on</p>	F 281	<p>was counseled regarding observation of residents receiving nebulizer treatment and educated about medication self-administration.</p> <p>Identifying other residents: Any resident who uses a nebulizer has the potential to be affected if not supervised in the absence of safe self-administration assessment and order.</p> <p>Systemic Changes: Licensed nurses will be educated on the "Use of Nebulizer" policy and Medication Self-Administration.</p> <p>Monitoring: Nursing Administration or Designee will observe use of nebulizer process weekly for 4 weeks, then 2x month for 1 month, then monthly for 1 month. Findings will be reported to QAPI and any variances addressed.</p>		

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F 281	<p>Continued From page 9</p> <p>the nebulizer machine. The nebulizer machine was turned on and the tubing with attached mouth piece was handed to the resident. LPN #2 then went out into the hallway to the medication cart and stated, "I need to keep her in my eyesight. I am going to go ahead and get the next resident's medication ready." LPN #2 prepared medications for the next resident, but discovered that not all medications ordered were in the medication cart. LPN #2 looked in the room at Resident #6 and checked her nebulizer treatment. She stated, "This hasn't been working." (All the medication was still in the nebulizer cup.) She manipulated the nebulizer and the medication began to aerate through the tube. She handed the nebulizer back to Resident #6 and returned to the medication cart. She stated, "I need to see if we have the medications that aren't in the cart for [name of resident] in the stat box."</p> <p>LPN #2 and this surveyor then went to the medication room. LPN #2 looked over the medication list for the stat box and stated, "The correct dose isn't in here." She then returned tot he medication cart and reviewed the medication orders for the next resident. She stated, "Wait, the right dose is in the box, let me go get it." LPN #2 and this surveyor returned to the medication room. LPN #2 got the medication from the stat box and stated, "This is one of the medications, I still don't have the [name of medication]...I need to call the pharmacy." LPN #2 then went to the nurse's station and called the pharmacy. After that call she stated, "I need to tell the DON (director of nursing) that I don't have all the medicines from the pharmacy." LPN #2 then spoke with the DON in the hallway.</p>	F 281			

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NAME OF PROVIDER OR SUPPLIER  <b>THE WOODLANDS HEALTH AND REHAB CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 FAIRVIEW HEIGHTS</b> <b>CLIFTON FORGE, VA 24422</b>			
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F 281	<p>Continued From page 10</p> <p>LPN #2 then returned to Resident #6's room. Resident #6 was standing at the sink, her oxygen tubing was on the floor and her nebulizer tubing was back in the bag on her bedside table. LPN #2 went to the bedside table and looked at the medication cup attached to the nebulizer tubing. She stated, "It's all gone, she finished it."</p> <p>LPN #2 was asked if she normally left resident's while nebulizer treatments were being administered. She stated, "Not usually, but I had to go check on the medications for the other resident."</p> <p>A copy of the facility policy regarding nebulizer medications was requested. Per the facility policy, "Use of Nebulizers", "...Residents will not be left alone during administration unless approved for self-administration."</p> <p>Review of the clinical record revealed that Resident #6 was not assessed for self-administration of medications.</p> <p>The DON and the administrator were notified of the above information during an end of the day meeting on 06/08/2016.</p> <p>According to Potter-Perry Fundamentals of Nursing, 6th edition, page 855, "...Nurse is responsible for ensuring that client receives ordered dosage [of medication]. If left unattended, client may not take dose..." (1)</p> <p>No further information was obtained prior to the exit conference on 06/09/2016.</p>			F 281			

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F 281	Continued From page 11 (1) Potter, Perry. Fundamentals of Nursing Practice, 6th Edition. Mousy. St. Louis, Missouri. 2005.	F 281			
F 309 SS=E	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING CFR(s): 483.25  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and during a complaint investigation, the facility staff failed to ensure that medications were administered per physician's orders for one of 14 residents in the survey sample, Resident # 6.  Resident # 6 was not administered medications as ordered by the physician.  Findings include:  Resident # 6 was admitted to the facility on 05/01/15 with diagnoses including, but not limited to: anemia, history of ovarian cancer, CHF (congestive heart failure), HTN (high blood pressure), renal insufficiency, hyperkalemia, depression, anxiety, chronic pain and constipation.  The most recent MDS (minimum data set) was	F 309	Corrective Action: A clarification order regarding weights and lasix was written on 06/09/16 for Resident #6.  Identifying Other Potential Residents: Any resident with a prn Lasix order based on parameters has the potential to be affected if the medication is not administered according to physician order.  Systemic Changes: Licensed Nursing staff will be educated on Medication administration per physician orders to include EMR transcription of prn orders with parameters.  Monitoring: Nursing Administration or designee will audit new orders five times a week times 2 weeks, then weekly times 6		7/22/16

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F 309	<p>Continued From page 12 an annual assessment, dated 04/14/16.</p> <p>This MDS assessed the resident with a cognitive score of 12, indicating the resident had moderate impairment in daily decision-making skills. The resident was also assessed as being completely continent of bowel and as having pain score of "3" on a scale of 1-10, with "occasionally" for frequency and as receiving pain medications scheduled and as needed.</p> <p>During a complaint investigation on 06/08/16 through 06/09/16 it was alleged that Resident # 6 did not receive medications per the physician's order or per the POC (plan of care).</p> <p>During clinical record review on 06/08/16 through 06/09/16, Resident # 6's physician's orders and MARs (medication administration records) and TARs (treatment administration records) were reviewed from February 2016 through present.</p> <p>Resident # 6's current POS (physician's order set) dated June 1st, 2016 documented an order for, "Daily weights in am if weight increases by 2 lbs [pounds] give one extra Lasix 20 mg [milligrams] x [times] 2 days in morning for Edema related to CONGESTIVE HEART FAILURE..." The original start date of this order was 10/05/15.</p> <p>Resident # 6's MARs were then reviewed for February 2016.</p> <p>The February MAR documented, "Daily weights in am if weight increases by 2 lbs give one extra dose Lasix 20 mg X 2 days in the morning for Edema related to CONGESTIVE HEART FAILURE [start date 10/06/2015]..."</p>	F 309	<p>weeks, then monthly for 1 month. Findings will be reported to QAPI Committee with any variances addressed.</p>		

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F 309	<p>Continued From page 13</p> <p>The February MAR additionally documented, "Furosemide [Lasix] tablet 20 mg Give 1 tablet by mouth in the morning for weight gain of two pounds for 1 day give this dose in addition to regularly scheduled dose..."</p> <p>The February MAR regarding the Lasix 20 mg did not match the physician's order. The following was revealed.</p> <p>On 02/21/16 the resident's weight was obtained at 6:00 a.m. and documented on the February MAR. The resident's weight that morning was 151 lbs, on 02/22/16 the resident's weight was 154.5 lbs, a difference of 3.5 lbs. The MAR did not document that the resident received the extra dose of Lasix 20 mg for two days as ordered by the physician. It was documented on the MAR that Resident # 6 received one dose of Lasix 20 mg on 02/23/16, not on 02/22/16.</p> <p>The March 2016 MARs were then reviewed.</p> <p>The March MAR documented, "Daily weights in am if weight increases by 2 lbs give one extra dose Lasix 20 mg X 2 days in the morning for Edema related to CONGESTIVE HEART FAILURE [start date 10/06/2015]..."</p> <p>The March MAR additionally documented, "Lasix tablet 20 mg Give 3 tablet [60 mg] by mouth in the morning for CHF [congestive heart failure]for two days."</p> <p>The above did not match the original physician's order for the extra dose of Lasix 20 mg for two days.</p>			F 309			

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F 309	<p>Continued From page 14</p> <p>On 03/23/16 the resident's weight was documented on the March MAR as 148 and on 03/24/16 it was documented as 151, a 3 lb difference. No additional Lasix was given at all.</p> <p>The April MAR documented, "Daily weights in am if weight increases by 2 lbs give one extra dose Lasix 20 mg X 2 days in the morning for Edema related to CONGESTIVE HEART FAILURE [start date 10/06/2015]..."</p> <p>The April MAR additionally documented, "Lasix tablet 20 mg Give 1 tablet by mouth in the morning for facility protocol for 2 days Daily weight gain of 3.5 pounds." No physician's order or facility protocol could be located for the above dosing of Lasix.</p> <p>On 04/10/16 the April MAR documented the resident's weight as 152 and on 04/11/16 the resident's weight was 154, a difference of 2 lbs. No additional Lasix was administered.</p> <p>On 04/23/16 the resident's weight was 152 and on 04/24/16 the resident's weight was 155.8, a difference of 3.8 lbs. It was documented that Resident # 6 received Lasix 20 mg on 04/24/16 and on 04/25/16, not on 04/23/16 and 04/24/16.</p> <p>On 04/26/16 the resident's weight was 155 and on 04/27/16 the resident's weight was 159, a difference of 4 lbs. No additional dose of Lasix was administered per the physician's original order.</p> <p>The May MARs were then reviewed and documented, "Daily weights in am if weight increases by 2 lbs give one extra dose Lasix 20 mg X 2 days in the morning for Edema related to</p>	F 309			

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F 309	<p>Continued From page 15</p> <p>CONGESTIVE HEART FAILURE [start date 10/06/2015]..." and "Lasix tablet 20 mg Give 1 tablet by mouth every 24 hours as needed for edema." No order for the above Lasix order could be located in the clinical record.</p> <p>On 05/11/16 the resident's weight was 153 and on 05/12/16 the weight was 156, a 3 lb difference. No Lasix was documented as administered.</p> <p>On 05/17/16 the resident's weight was 152 and on 05/18/16, no weight was documented and on 05/19/16 the resident's weight was recorded as 154. A 2 lb difference. Lasix 20 mg was given according to the MARs on 05/19/16.</p> <p>On 05/25/16 the weight was 155 and on 05/26/16 the weight was 157, a 2 lb difference, only one dose of Lasix was given on 05/26/16.</p> <p>On 05/29/16 the weight was 157 and on 05/30/16 the weight was 159, a 2 lb difference, only one dose of Lasix was given on 05/30/16.</p> <p>The resident's Lasix was not administered per the physician's current POS and the original physician's order.</p> <p>The DON (director of nursing) presented a copy of the facility's standing order protocol on 06/09/16 at approximately 11:30 a.m. The DON voiced that the nurse's have to call the physician to get the order to administer and then they administer it. The standing orders were reviewed and did not evidence a protocol or standing order for the administration of Lasix. The DON presented an order for Lasix 20 mg Give 1 tablet by mouth every 24 hours as needed for edema. This order did not say when to administer and did</p>	F 309			



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F 309	<p>Continued From page 16</p> <p>not match the original order for Lasix administration regarding the daily weights. Concerns were voiced to the DON regarding both orders were current, but were conflicting. The DON agreed and could not explain why there were two similar orders for the lasix and both were conflicting.</p> <p>On 06/09/16 at approximately 2:30 p.m., the above information and concerns were again presented to the DON in a meeting with the survey team. No further information or documentation was presented prior to the exit conference.</p> <p>Resident # 6's pain medication administration was then reviewed. According to the current POS, Resident # 6 had an order for, "Tylenol with Codeine # 3 tablet 300-30 mg Give 1 tablet by mouth every 6 hours as needed for pain.</p> <p>According to the April 2016 MARs, the above medication was administered on 04/19/16 at 2:47 p.m. and again on 04/19/16 at 8:00 p.m., less than the 6 hours as ordered by the physician. Additionally the June 2016 MARs were reviewed and the resident received the above medication on 06/03/16 at 3:28 p.m. and again at 8:41 p.m. that evening, again less than the physician ordered 6 hour time frame.</p> <p>The DON was interviewed on 06/08/16 at approximately 2:30 p.m. and voiced that the nurse's have an hour before and hour after to administer medications. The DON was asked if that was for scheduled medications or for PRN (as needed) medications. The DON voiced, both. The DON was asked for a policy at that time.</p>	F 309			

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F 309	Continued From page 17 A policy was presented by the DON titled, 'General Guidelines for medication administration.' This policy did not address information regarding administering PRN pain medication an hour before or an hour after.  No further information was presented prior to the exit conference on 06/09/16 at 4:00 p.m.	F 309			
F 318 SS=E	THIS IS A COMPLAINT DEFICIENCY. INCREASE/PREVENT DECREASE IN RANGE OF MOTION CFR(s): 483.25(e)(2)  Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.  This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to provide restorative nursing services to prevent a decrease in functional decline per the comprehensive care plan; and also failed to ensure physician ordered devices to prevent increase in contractures for four of 14 residents in the survey sample: Resident's #3, #2, #12, and #5.  1. Resident # 3 did not receive restorative nursing services as ordered by the physician to maintain functional gains made in physical	F 318	Corrective Action: The Restorative Care plan was updated for Resident #12 on 06/08/16. The Restorative Care plan for Resident #5 was updated on 06/22/16. The order for Resident #3 Restorative Nursing services for 6x a week was discontinued 06/21/16. Resident #2 was screened by an Occupational therapist on 6/8/16 & 6/9/16 and deemed the contracture restorative plan as appropriate.  Identifying other Potential Residents: Any		7/22/16

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F 318	<p>Continued From page 18 therapy.</p> <p>2. Resident #2 was not provided restorative nursing care for her lower extremities as outlined in her care plan. Resident #2 was also assessed by the therapy department as needing restorative nursing to her upper extremities; this plan was never implemented. Resident #2 did not have a physician ordered carrot orthosis in her right hand.</p> <p>3. Resident # 12 did not receive restorative services per the comprehensive care plan.</p> <p>4. Resident #5 did not receive restorative treatments as indicated in the plan of care.</p> <p>Findings include:</p> <p>1. Resident # 3 did not receive restorative nursing services for the Omnicycle and ambulation as ordered by the physician.</p> <p>Resident # 3 was admitted to the facility 8/10/10 with a readmission date of 10/22/13. Diagnoses for Resident # 3 included, but was not limited to: dementia with behaviors, diabetes, high blood pressure, heart failure, anemia, depression, atrial fibrillation, COPD, and osteoarthritis.</p> <p>The most recent MDS (minimum data set) was a significant change assessment dated 4/29/16 and had the resident scored with severe impairment in cognition with a total summary score of 03 out of 15.</p> <p>The electronic medical record was reviewed 6/8/16 at 10:15 a.m. The current POS (physician</p>	F 318	<p>resident on Restorative Nursing Program or who has a physician ordered device has the potential to be affected if they do not receive appropriate treatment and services to increase range of motion and/or to prevent a decrease in functional decline in accordance with comprehensive plan of care or physician order. Current residents on Restorative Nursing Program and those with devices ordered will be reviewed for appropriate treatment and services.</p> <p>Systemic Changes: Nursing staff, including Certified Nursing Assistants (CNA) &amp; Restorative Nursing Assistants (RNA) will be educated on Restorative Nursing Services and use of physician ordered devices. Interdisciplinary Care Plan Team will be educated on the Restorative Nursing Program. Scheduling for restorative nursing program will be reviewed and revised.</p> <p>Monitoring: Restorative Nursing Program will be reviewed weekly x 4 weeks, then 2x month x 1 month, then monthly for 1 month. Findings will be reported to QAPI and any variances addressed</p>		

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F 318	<p>Continued From page 19</p> <p>order summary) included an order carried forward from 5/2/16 for "Restorative services 6 x(times)/week to include omnicycle and ambulation to maintain functional gains made with Physical Therapy." The date for the physician signature was difficult to determine; it appeared to be 5/16/16. Above the physician signature was documented "I have approved these orders for [name of resident]."</p> <p>The restorative flow sheets for May and June 2016 were then reviewed. The sheets included goals and approaches for each service, and a grid for staff to document which days the service was provided, and how many minutes each time the service was performed. Resident # 3's restorative sheet for the omnicycle documented "GOAL: Maintain lower strength and endurance. APPROACH: Omnicycle on level 2 x 15 minutes 6-7 days a week as tolerated." For ambulation, the form documented "GOAL: Maintain [name of resident]ability to ambulate while decreasing fall risk. APPROACH: RNA (restorative nursing aid) will encourage and assist [name of resident] in ambulating at least once daily (6-7 x wk). Equipment needed: Gait belt and wheelchair to be used as walker. [Name of resident] will ambulate 175 to 300 feet each time as tolerated. He may need a rest period." There was a space available on the grid for staff to document if the resident was sick, refused, or was out of the building. Review of the May 2016 sheet revealed the omnicycle services were provided 4 days out of 31 days, with 3 refusals. The ambulation services were documented as having been provided 11 days out of 31 days, with one refusal. The June 2016 sheet revealed no services for the omnicycle had been provided from 6/1/16 through 6/7/16. The ambulation services documented</p>	F 318			

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F 318	<p>Continued From page 20</p> <p>those services had been provided 2 days from 6/1/16 through 6/7/16.</p> <p>On 6/8/16 at 12:00 p.m. certified nursing assistant (CNA #1, restorative aide) was interviewed concerning the above finding. CNA #1 verbalized that the facility is in the process of hiring another restorative aide. CNA #1 verbalized that she is unable to do restorative 6-7 days a week as she only works 5 days a week and she often gets assigned to a group of resident's because of staff shortages and therefore restorative treatments does not get done.</p> <p>On 6/8/16 at 4:40 p.m. during an end of the day meeting with facility staff, RN (registered nurse) # 1 was identified as the nurse responsible for the restorative program. RN # 1 was asked if she was aware the restorative services were not being provided as ordered/care planned, and was also asked how many residents were receiving restorative services. RN # 1 stated "We're doing the best we can; that's all I'm going to say about that." The administrator stated "We had more aides that were providing services, but one went back to the floor, one went to activities, and the other went to part-time. We thought we had someone hired, but the day they were to start they called and said they were not taking the job." The administrator and RN # 1 were then asked how one restorative aide was expected to provide services 6-7 days per week, when she worked 5 days per week. They were also asked if there was anyone to provide the services on the days that aide was off, or if that aide was sick, or on vacation. RN # 1 again stated "We're doing the best we can." The administrator was asked if the</p>	F 318			

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F 318	<p>Continued From page 21</p> <p>total number of residents on restorative services could be obtained.</p> <p>On 6/9/16 at 8:30 a.m. during an interview with the medical director, he was asked if he was aware the restorative nursing services were not being provided per the resident's care plans and physician orders. The medical director stated "I really haven't had a chance to get involved in that just yet; I've been here since the first of May, but I was not aware of this." The administrator was also present during the meeting, and informed the survey team there were 21 residents receiving restorative services. The administrator stated "That works out to be 475 minutes per day; the aide works 8 hours, or 480 minutes, so it's tight, but it can be done." The administrator was then informed that the aide providing services verbalized not being able to provide the services due to being pulled to work on the floor frequently, and she only works 5 days per week, so resident's that were to get services 6-7 days per week were not getting the prescribed amount of days. The survey team verbalized that was a heavy load for one restorative aide to carry. The administrator again stated "Well, as I said, we thought we had someone hired...." The survey team again verbalized concern that restorative staff were moved to other positions prior to ensuring there was sufficient staff to provide the services.</p> <p>On 6/9/16 at 1:05 p.m. during a meeting with facility staff, the DON (director of nursing) was asked if she was aware the restorative services were not being provided per care plan/physician order. The DON stated "I was not fully aware restorative services were not being provided to the extent it's not being done." The DON further</p>	F 318			

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F 318	<p>Continued From page 22</p> <p>stated she became fully aware when the survey team discussed the issue 6/8/16 during the end of the day meeting. The administrator asked this surveyor if Resident # 3 actually had the restorative services on the POS as an order. This surveyor then showed the administrator the POS. The administrator read the order, and the nodded her head.</p> <p>No further information was provided prior to the exit conference.</p> <p>2. Resident #2 was not provided restorative nursing care for her lower extremities as outlined in her care plan. Resident #2 was also assessed by the therapy department as needing restorative nursing to her upper extremities, this plan was never implemented. Resident #2 did not have a physician ordered carrot orthosis in her right hand.</p> <p>Findings were:</p> <p>Resident #2 was most recently readmitted to the facility on 10/14/2015. Her diagnoses included but were not limited to: MS (multiple sclerosis), hypertension, heart block, history of DVT (deep vein thrombosis), peptic ulcer, contractures of right and left hand.</p> <p>The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 05/03/2016. Resident #2 was assessed as having a cognitive summary score of "15", indicating no impairment with her cognitive status.</p>	F 318			

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F 318	<p>Continued From page 23</p> <p>The clinical record was reviewed at approximately 10:00 a.m. on 06/08/2016. Observed on the current POS (physician order sheet) was the following order: "Effective 5/3/16: Per OT [occupational therapy] , pt [patient] to have carrot orthosis in RIGHT HAND at all times except for meals for contracture mgt [management]. Orthosis to be placed with thread through palm and pulled through hand with middle digit resting in the 10th space. Orthosis to be cleaned at least 1 X/wk [one time per week] and pt's RIGHT HAND to be cleaned with soap and water 1 X/day to decrease risk of infection and decline in skin integrity due to contracture."</p> <p>The care plan was then reviewed. A focus area, "Contracture of (R) [right] hand is severe, has contracture of (L) [left] hand mild, places at risk for skin breakdown in hands and for pain." Interventions listed included but were not limited to: "Each day when after cleaning resident's (R) hand observe for skin breakdown in (R) hand. Also observed (L) hand for increased in contracture and skin breakdown. If skin breakdown to worsen contractures noted please notify nurse" and "Per OT [occupational therapy] , pt [patient] to have carrot orthosis in RIGHT HAND at all times except for meals for contracture mgt [management]. Orthosis to be placed with thread through palm and pulled through hand with middle digit resting in the 10th space. Orthosis to be cleaned at least 1 X/wk [one time per week] and pt's RIGHT HAND to be cleaned with soap and water 1 X/day to decrease risk of infection and decline in skin integrity due to contracture." Also observed on the care plan was the following focus area: "...will maintain ROM [range of motion]: active." Interventions listed</p>	F 318			



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F 318	<p>Continued From page 24</p> <p>included but were not limited to: "RNA [restorative nursing assistant] will instruct/assist resident in performing: Bilateral lower extremity exercises 7 days a week to include: Active assistive SLR [straight leg raise], Quad sets, Active assistive hip abduction &amp; knee to chest X [times] 3 reps each X 3 sets as tolerated."</p> <p>At approximately 10:30 a.m., Resident #2 was observed lying in bed watching television. Her carot orthosis was on the table at her bedside.</p> <p>At approximately 11:30 a.m., this surveyor went into Resident #2's room. The carot orthosis remained on her bedside table. Both her right and left hand were contracted, right greater than left. Resident #2 was asked if she could open her right hand. She stated, "No." Resident #2 was asked about the orthosis on her bedside table. She stated, "No one tried to put it in today and I didn't either...it hurts my arm right here (pointing to right forearm)." Resident #2 was asked if her hand had been cleaned yet. She stated, "No." Her right hand was observed to be contracted with the index finger pointing out, and the middle finger resting against her palm. The middle finger was contracted in with the fingernail against the skin. The ring finger and pinky finger were also resting against the palm, but those nails were not touching the skin.</p> <p>At approximately 11:45 a.m. CNA (certified nursing assistant) #3 was in the conference room speaking with another surveyor regarding restorative care for the residents at the facility. CNA #3 stated that she was the provider of restorative care for all the residents at the facility. She stated that since April she had been the only provider of restorative care. She stated that</p>	F 318			

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F 318	<p>Continued From page 25</p> <p>some days she is pulled off of restorative to provide patient care. She stated that is she is assigned to give care to residents who are on her restorative case load she tries to work with them. Otherwise when she is providing resident care, restorative is not done.</p> <p>At approximately 12:40 p.m., Resident #2 was asked about her restorative program. She stated that someone comes in about three times a week to do leg exercises with her. She stated that sometimes she does them on her own if they don't come, but usually she waits for them.</p> <p>At approximately 12:45 p.m., RN (registered nurse) #4 and CNA (certified nursing assistant) #3 were interviewed regarding Resident #2. CNA #3 was asked if she had bathed Resident #2 that day. She stated "Yes." She was asked if she had cleaned Resident #2's right hand or put the carrot orthosis in place. She stated, "No....I didn't think about the carrot and I haven't washed her hand...today is a long day for me [12 hours]...I will do it later." Both RN #4 and CNA #3 accompanied this surveyor to Resident #2's room. RN#4 attempted to open the resident's right hand. Resident #2 stopped her. The resident then picked up the carrot orthosis and threaded it through her right hand. RN #4 assessed Resident #2's palm. There was an area observed where the nail of the middle finger left an imprint on the palm but the skin was not broken. RN #4 was asked if the palm was moist. She stated, "Yes, a little."</p> <p>Copies of the restorative notes were requested. Notes were received. The following information was present on the notes: "Goal: Maintain lower extremity AROM, while decreasing risk for</p>	F 318			

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F 318	<p>Continued From page 26</p> <p>contractures. Approach: RNA will instruct/assist resident in performing: Bilateral lower extremity exercises 7 days a week to include: Active assistive SLR, Quad sets, Active assistive hip abduction &amp; knee to chest X 3 reps each X 3 sets as tolerated." Hand written at the top of the October notes was : "New plan effective 10/17/2015".</p> <p>On 06/08/2016 at approximately 2:30 p.m., the OTR (occupation therapist registered) who had worked with Resident #2 was interviewed. She stated that she had worked with Resident #2 on her upper extremity exercises and her contractures. She stated that Resident #2 had been taught how to put the orthosis in her right hand. She stated that the orthosis should be in place at all times except when eating. The OTR was asked if Resident #2 had been compliant with the use of the orthosis. She stated, "Yes, she was compliant when I worked with her." The OTR obtained the discharge notice for Resident #2 and stated, I discharged her from therapy on 05/03/2016...she was to be followed by restorative after that." The OTR was asked where the restorative plan was. She stated, "I do the plan and then put it in a box here in the therapy department...from there copies are made and given to restorative...I don't keep a copy." According to the discharge notice: "Resident has met maximum functional potential...This resident will be: Discharged with a restorative nursing program. PROM [passive range of motion] R [right] elbow, shoulder L [left] fingers, wrist, elbow and shoulder." RN #1, who was over the restorative program, was in her office next to where the OTR and this surveyor were talking. She was asked if she had obtained a restorative plan for upper extremities for Resident #2. She</p>	F 318			

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F 318	<p>Continued From page 27</p> <p>looked through the restorative books and stated, "No, I don't have it." She was asked if restorative nursing was being provided to Resident #2's upper body as outlined on the discharge notice effective 05/03/2016. She stated, "No."</p> <p>An end of the day meeting was held with the DON (director of nursing), the administrator, and facility staff on 06/08/2016 at approximately 4:40 p.m. The above information was discussed. The administrative team stated that no physician order was needed for restorative care. The recommendation could come from nursing or therapy. Resident's identified as needing restorative are evaluated and a restorative program is designed. The DON and the administrator were asked how many people were receiving restorative serves. The administrator stated, "Several...I will have to look to get the exact number..." The administrator was asked what amount of time was spent with each resident. She stated, "On an average of 15 to 20 minutes." The unit manager, RN # 2 stated, "She [Resident #2] was re-screened today... the restorative program is still needed as originally requested by OT."</p> <p>A meeting was held with the medical director on 06/09/2016. During this meeting he was asked if he had been aware that restorative services were not being provided per the resident's care plans. He stated, "No, I have been here for 30 days..I haven't looked at the restorative program yet." The administrator was in the meeting and was asked again about the total number of residents receiving restorative. She stated, "We added up the total minutes needed for each day to provide restorative...there is a total of 475 minutes... [name of restorative aid] works 480 minutes...it is</p>	F 318			

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F 318	<p>Continued From page 28</p> <p>a tight schedule but it could be done."</p> <p>At approximately 10:30 a.m., RN #1 brought information to the conference room. She stated, "There are 21 residents on restorative...we are doing restorative to the best of our ability...I thought we were going to have additional help and it would just be a short time that we would only have one aid."</p> <p>During a meeting on 06/09/2016 at approximately 1:00 p.m., the DON was asked if she had known there was a problem with restorative. She stated, "I was not fully aware that restorative was not being done to this extent."</p> <p>At approximately 2:00 p.m., the DON brought additional information to the conference room. The DON was asked if CNA #2 had been pulled to the floor to help out because there was a shortage of CNAs. She stated, "We can always use more help...I have openings...I am hiring..."</p> <p>From 10/17/2015 through 06/07/2016 there were 190 opportunities for lower extremity restorative services. Resident #2 refused services a total of 18 times in that time frame and received services a total of 83 times. There were 89 days that restorative services were not provided or offered to Resident #2. Restorative services for the upper body according to the documentation should have been implemented on 05/04/2016 at a frequency of 3-5 times per week. This program was never implemented.</p> <p>No further information was obtained prior to the exit conference on 06/09/2016.</p>	F 318			

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F 318	<p>Continued From page 29</p> <p>3. Resident # 12 did not receive restorative services per the comprehensive care plan.</p> <p>Resident #12 was admitted to the facility on 06/17/2015 with diagnoses including, but not limited to: History of Falls with Left Humerus and Left Pubis Fractures, Hypertension, Iron Deficiency Anemia, Mitral Valve Stenosis, Vertigo, Diabetes Mellitus, Anxiety and Vitamin D Deficiency.</p> <p>The most recent MDS (minimum data set) was a Significant Change assessment with an ARD (assessment reference date) of 03/18/2016. Resident #12 was assessed as severely impaired in her cognitive status with a total cognitive score of seven out of 15.</p> <p>Resident #12's EMR (electronic medical record) was reviewed on 06/08/2016 at 4:30 p.m. and again on 06/09/2016 at 8:00 a.m. Review of the CCP (comprehensive care plan) included the following: "Maintain ability to ambulate with staff assistance while maintaining endurance...RNA (restorative nursing assistant) to ambulate resident at least once daily 6 times a week...Date Initiated: 02/18/2016..." and "Potential for limited range of motion (ROM), in which can result in contractures. RNA will assist resident in using the Omnicycle for lower extremities at level 1 (one) x (times) 15 minutes at least 6 (six) days a week...Date Initiated: 02/18/2016...RNA will assist resident in using the Omni-cycle for lower extremities at level 1 (one) x (times) 15 minutes</p>	F 318			

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F 318	<p>Continued From page 30</p> <p>at least 3 (three) days a week...(Alternating days with upper extremity Omni-cycle plan...)...Date Initiated: 03/24/2016...RNA will assist resident in using the Omni-cycle for UPPER extremities...for a total of 15 minutes at least 4 days a week...Date Initiated: 03/24/2016."</p> <p>Review of Restorative Flowsheets for Resident #12 revealed the following:</p> <p>Ambulation: During the week of February 21-27, 2016, ambulation occurred two days, 2/22 and 2/24. Week of March 6-12, 2016, ambulation occurred four days, 3/6, 3/7, 3/8 and 3/9. Week of March 13-19, 2016, ambulation occurred three days, 3/13, 3/15 and 3/19. Week of March 27, 2016 through April 2, 2016, ambulation occurred zero days. Week of April 17-23, 2016, ambulation occurred five days, 4/17, 4/18, 4/19, 4/20 and 4/23. Week of April 24-30, 2016, ambulation occurred four days, 4/24, 4/26, 4/27 and 4/30. Week of May 1-7, 2016, ambulation occurred five days, 5/1, 5/2, 5/3, 5/4 and 5/7. Week of May 8- 14, 2016, ambulation occurred four days, 5/8, 5/9, 5/10 and 5/11. Week of May 15-21, 2016, ambulation occurred five days, 5/15, 5/16, 5/17, 5/18 and 5/21. Week of May 22-28, 2016, ambulation occurred four days, 5/22, 5/23, 5/24 and 5/25.</p> <p>Omnicycle for Lower Extremities: Week of February 21-27, 2016, occurred four days, 2/22, 2/24, 2/26 and 2/27. Week of March 6-12, 2016, occurred five days, 3/6, 3/7, 3/8, 3/9 and 3/12. Week of March 13-19, 2016, occurred three days, 3/13, 3/15 and 3/19.</p> <p>A new plan for the Omnicycle was instituted on 03/25/2016 alternating Upper and Lower</p>	F 318			

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NAME OF PROVIDER OR SUPPLIER  <b>THE WOODLANDS HEALTH AND REHAB CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 FAIRVIEW HEIGHTS</b> <b>CLIFTON FORGE, VA 24422</b>			
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F 318	<p>Continued From page 31</p> <p>extremity exercises every day. The week of March 27 through April 2, 2016 Resident #12 used the Omnicycle for upper extremity exercise on 3/29. The Omnicycle was not used for upper or lower extremity exercise on any other day during this week. Resident #12 did not use the Omnicycle for upper or lower extremity exercise on 4/14, 4/15, 4/21, 4/22, 4/25, 4/28, 4/29, 5/5, 5/6, 5/12, 5/13, 5/14, 5/19, 5/20, 5/26, 5/27, 5/28 and 5/29.</p> <p>RN #1 (registered nurse) was interviewed on 06/09/2016 at approximately 1:00 p.m. regarding the reason Resident #12 did not receive any restorative services during the week of March 27 through April 2, 2016. RN #1 stated, "Her restorative plan changed on 03/25/16. That week should not have been marked out on her flowsheet. Restorative must have been marked out accidentally. I agree with that."</p> <p>Multiple interviews were conducted with facility staff during the two day survey regarding lack of restorative services in the facility per resident CCP's (comprehensive care plans). Please refer to other resident's included in this tag for these group interviews.</p> <p>No further information was received by the survey team prior to the exit conference on 06/09/2016 at 4:00 p.m.</p> <p>4. Resident #5 did not receive restorative treatments as indicated in the plan of care.</p> <p>The Findings include:</p> <p>Resident #5 was admitted to the facility on 11/25/14 with a readmission of 2/3/15 with</p>			F 318			



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F 318	<p>Continued From page 32</p> <p>diagnoses including, but not limited to: Behavior disturbances, anxiety, major depression, hypertension, and abnormal posture.</p> <p>The most recent MDS (minimum data set) was a significant change with an ARD (assessment reference date) of 4/5/16. Resident #5 was assessed as being severely cognitively impaired, with a cognitive score of 3 out of 15.</p> <p>Resident #5's electronic record was reviewed on 6/8/16. Resident #5's current care plan (with a focus for "Maintain ROM [range of motion] passive to bilateral lower extremities") was reviewed and indicated (under the heading of interventions) that "RNA [restorative nurses aide] to provide treatment 6 days a week as tolerated [...] Hot packs with one towel each (knee hot pack &amp; neck hot pack) X [times] 15 minutes [sic] created on 04/07/2016."</p> <p>Review of Resident #5's current physician's order set (POS) dated 6/1/16 documented "I agree with the plan of care as developed by the interdisciplinary careplan team."</p> <p>Review of Resident #5's ROM treatment record (for the month of April 2016) documented that Resident #5 received treatment on April 9th, 10th, 12th, 23rd, 24th, and 26th.</p> <p>For the month of May 2016 Resident #5 received treatment for May 1st, 3rd, 8th, 11th, 15th, 16th, 21st, 22nd, 23rd, 24th, and 30th.</p> <p>On 6/8/16 at 10:50 a.m. Registered nurse (RN #1) was interviewed concerning the above finding. RN #1 verbalized that Resident #5 had recently been discharged from occupational</p>	F 318			

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F 318	Continued From page 33 services and restorative had started treatments on Resident #5 and went on to say that she (RN #1) had created the care plan for Resident #5's ROM.  After reviewing the ROM treatment record, RN #1 verbalized that sometimes the treatments are not getting done due to the restorative aide gets pulled to the floor to work as an aide due to staffing shortages.  RN #1 verbalized that the facility did have two restorative aides, but one of them decided to go back and work on the floor leaving just one person to do restorative, and verbalized that the facility was currently looking to hire more help.  On 6/8/16 at 12:00 p.m. certified nursing assistant (CNA #1, restorative aide) was interviewed concerning the above finding. CNA #1 verbalized that the facility is in the process of hiring another restorative aide. CNA #1 verbalized that she is unable to do restorative 6 days a week as she only works 5 days a week and she often gets assigned to a group of resident's because of staff shortages and therefore restorative treatments does not get done.  On 6/8/16 at 4:40 p.m. the above finding was brought to the attention of the director of nursing and administer. The administrator verbalized that she was aware of the second restorative aide had recently started working as a floor CNA.  No other information was provided prior to exit conference on 6/9/16.	F 318			
F 353	SUFFICIENT 24-HR NURSING STAFF PER	F 353			7/22/16

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F 353 SS=E	<p>Continued From page 34</p> <p>CARE PLANS</p> <p>CFR(s): 483.30(a)</p> <p>The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, group interview, and staff interview the facility failed to ensure sufficient nursing/CNA (certified nursing assistant) staff to provide care and services per the resident's comprehensive care plan/physician orders in the facility.</p> <p>Four of 14 residents in the survey sample were identified by their care plans and/or physician orders to need restorative services. None of the</p>	F 353	<p>Corrective Action: The Restorative Care plan was updated for Resident #12 on 06/08/16. The Restorative Care plan for Resident #5 was updated on 06/22/16. The order for Resident #3 Restorative Nursing services for 6x a week was discontinued 06/21/16. Resident #2 was screened by an Occupational therapist on 6/8/16 &amp; 6/9/16 and deemed the contracture restorative plan as appropriate.</p>		

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F 353	<p>Continued From page 35</p> <p>residents identified were receiving restorative services as prescribed due to insufficient staff to provide the care. Residents identified were: Resident #2, 3, 5 and 12.</p> <p>Findings include:</p> <p>On 6/8/16 the survey team identified several residents in the survey sample were not receiving restorative services as ordered by the physician and also per the resident care plans.</p> <p>On 6/8/16 at 12:00 p.m. certified nursing assistant (CNA #2, restorative aide) was interviewed concerning the above finding. CNA #2 verbalized that the facility is in the process of hiring another restorative aide. CNA #2 verbalized that she is unable to do restorative 6-7 days a week as she only works 5 days a week and she often gets assigned to a group of resident's because of staff shortages and therefore restorative treatments does not get done.</p> <p>A Group meeting was held on 06/08/2016 at 2:40 p.m. with seven residents present. Facility staffing was discussed during this Group meeting. A Resident in the meeting stated regarding CNA (certified nursing assistant) staffing, "They are short staffed all the time. The Aides are worked to death." The other six resident's in the group agreed with the previous statements. When asked why they felt the CNA's were short staffed the Resident's stated, "Aides coming and going, not enough staff in general," and "people calling out sick."</p> <p>On 6/8/16 at 4:40 p.m. during an end of the day meeting with facility staff, RN (registered nurse) #</p>	F 353	<p>Identifying other Potential Residents: Any resident has the potential to be affected if the center does not ensure sufficient CNA staff to provide care and services per the resident's care plan/physician orders. Current residents will have care plan and physician order review to ensure appropriate services are being provided.</p> <p>Systemic Changes: Restorative staffing was changed to improve RNA coverage. CNA &amp; RNA will be educated on Restorative Nursing Services to include overlapping roles and documentation of service. Interdisciplinary Care Plan team will be educated on the Restorative Nursing Program and appropriate care plans/documentation.</p> <p>Monitoring: Restorative Nursing Program service delivery will be reviewed by the Administrator or designee weekly x 4 weeks, then 2x month x 1 month, then monthly for 1 month. Findings will be reported to QAPI and any variances addressed.</p>		

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F 353	<p>Continued From page 36</p> <p>1 was identified as the nurse responsible for the restorative program. RN # 1 was asked if she was aware the restorative services were not being provided as ordered/care planned, and was also asked how many residents were receiving restorative services. RN # 1 stated "We're doing the best we can; that's all I'm going to say about that." The administrator stated "We had more aides that were providing services, but one went back to the floor, one went to activities, and the other went to part-time. We thought we had someone hired, but the day they were to start they called and said they were not taking the job." The administrator and RN # 1 were then asked how one restorative aide was expected to provide services 6-7 days per week, when she worked 5 days per week. They were also asked if there was anyone to provide the services on the days that aide was off, or if that aide was sick, or on vacation. RN # 1 again stated "We're doing the best we can." The administrator was asked if the total number of residents on restorative services could be obtained.</p> <p>On 6/9/16 at 8:30 a.m. during an interview with the medical director, he was asked if he was aware the restorative nursing services were not being provided per the resident's care plans and physician orders. The medical director stated "I really haven't had a chance to get involved in that just yet; I've been here since the first of May, but I was not aware of this." The administrator was also present during the meeting, and informed the survey team there were 21 residents receiving restorative services. The administrator stated "That works out to be 475 minutes per day; the aide works 8 hours, or 480 minutes, so it's tight, but it can be done." The administrator was then informed that the aide providing services</p>	F 353			

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F 353	<p>Continued From page 37</p> <p>verbalized not being able to provide the services due to being pulled to work on the floor frequently, and she only works 5 days per week, so resident's that were to get services 6-7 days per week were not getting the prescribed amount of days. The survey team verbalized that was a heavy load for one restorative aide to carry. The administrator again stated "Well, as I said, we thought we had someone hired...." The survey team again verbalized concern that restorative staff were moved to other positions prior to ensuring there was sufficient staff to provide the services.</p> <p>On 6/9/16 at 1:05 p.m. during a meeting with facility staff, the DON (director of nursing) was asked if she was aware the restorative services were not being provided per care plan/physician order. The DON stated "I was not fully aware restorative services were not being provided to the extent it's not being done." The DON further stated she became fully aware when the survey team discussed the issue 6/8/16 during the end of the day meeting.</p> <p>At approximately 2:00 p.m., the DON brought additional information to the conference room. The DON was asked if CNA #2 had been pulled to the floor to help out because there was a shortage of CNAs. She stated, "We can always use more help...I have openings...I am hiring..."</p> <p>No further information was provided prior to the exit conference.</p>	F 353			
F 431 SS=D	<p>THIS IS A COMPLAINT DEFICIENCY.</p> <p>DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</p>	F 431			7/22/16

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F 431	<p>Continued From page 38 CFR(s): 483.60(b), (d), (e)</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the</p>			F 431	<p>Corrective Action: A new lock box was</p>		

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F 431	<p>Continued From page 39</p> <p>facility staff failed to ensure that medications were properly stored in the medication room of the facility.</p> <p>One bottle of Lorazepam was not in a permanently affixed and locked box in the refrigerator of the medication room.</p> <p>Findings were:</p> <p>The medication room of the facility was observed on 06/09/2016 at approximately 11:00 a.m. There was a locked refrigerator in the medication room. RN (registered nurse) #3 was in the medication room with this surveyor and was asked to unlock the refrigerator.</p> <p>Observed in the refrigerator was a locked permanently affixed box. The box was small and was filled with medications. In a transparent drawer beneath the locked box was a bottle of Lorazepam 2 milligrams/milliliters. The bottle originally contained 30 milliliters of liquid but had been used for a resident and contained approximately 21 milliliters of Lorazepam. RN #3 was asked why the Lorazepam bottle was not in the permanently affixed and locked box. She stated, "We have two people on hospice...the box contains all of their meds that need to be locked up. There is too much to get that bottle in there too...Pharmacy is aware and they said that were going to bring us another locked box...that was a couple of weeks ago and it hasn't gotten here yet."</p> <p>The DON (director of nursing) and the administrator were notified of the above findings during a meeting on 06/09/2016 at approximately 1:00 p.m. The DON stated, "I spoke with</p>	F 431	<p>ordered and installed with permanent affixation on 6/10/16.</p> <p>Identifying other residents: Any resident has the potential to be affected if medications are not stored according to standards.</p> <p>Systemic Changes: The nurses will be educated on proper storage of drugs and biological.</p> <p>Monitoring: Nursing Administration or designee will complete medication storage audits 5x week for 4 weeks, then weekly for 4 weeks, then monthly for 1 month. Findings will be reported to QAPI and any variances addressed</p>		



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F 431	Continued From page 40 pharmacy, they are suppose to be bringing us a box today."	F 431			
F 514 SS=D	<p>No further information was obtained prior to the exit conference on 06/09/2016.</p> <p>RES RECORDS-COMPLETE/ACCURATE/ACCESSIB LE CFR(s): 483.75(l)(1)</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to ensure a complete and accurate clinical record for one of 14 residents (Resident #2).</p> <p>Resident #2 built up turn utensils were not discontinued by the OTR (occupation therapist registered) and remained the resident's active orders.</p> <p>Findings were:</p>	F 514	<p>Corrective Action: The order for the built up utensils was discontinued on 06/10/16 for Resident #2.</p> <p>Identifying other potential Residents: Any resident with built up utensil order had the potential for being affected if the clinical record is not complete and accurate. The discharge summary for Occupational Therapy will be reviewed for residents discharged from caseload from 6/1/16 to current to assure accuracy and</p>	7/22/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495360</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/09/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WOODLANDS HEALTH AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1000 FAIRVIEW HEIGHTS CLIFTON FORGE, VA 24422</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 514	<p>Continued From page 41</p> <p>Resident #2 was most recently readmitted to the facility on 10/14/2015. Her diagnoses included but were not limited to: MS (multiple sclerosis), hypertension, heart block, history of DVT (deep vein thrombosis), peptic ulcer, contractures of right and left hand.</p> <p>The most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 05/03/2016. Resident #2 was assessed as having a cognitive summary score of "15", indicating no impairment with her cognitive status.</p> <p>The clinical record was reviewed at approximately 10:00 a.m. on 06/08/2016. Observed on the current POS (physician order sheet) was the following order: "Please provide both built up turn utensils, transparent sippy cup mug and regular utensils for pt [patient] use each meal."</p> <p>Lunch was served to Resident #2 at approximately 12:45 p.m., on 06/08/2016. There were no built up utensils on her tray. Resident #2 was asked if she normally had them on her tray. She stated, "Therapy took them away...I don't know why." Resident #2 was asked if the built up utensils helped her to eat better. She stated, "I don't really know...it's been so long since they stopped giving them to me I don't remember."</p> <p>On 06/08/2016 at approximately 2:30 p.m., the OTR (occupation therapist registered) who had worked with Resident #2 was interviewed. She was asked about the use of the built up utensils. She stated, "I thought I had discharged those...we worked with several different things...I will take</p>	F 514	<p>completion of the clinical record.</p> <p>Systemic Changes: The Inter-disciplinary care team staff will be educated on accurate completion of the medical record including communication of recommendations from therapy for restorative nursing services including adaptive utensil use. The Nursing and Dietary Staff will be educated on communicating and accurate documentation of adaptive utensil use.</p> <p>Monitoring: Nursing Administration will review new Occupational Therapy orders weekly x 4 weeks, then 2x month, then monthly for 1 month. Findings will be reported to QA for Follow-up</p>		

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F 514	<p>Continued From page 42 care of it."</p> <p>An end of the day meeting was held with the DON (director of nursing), the administrator, and facility staff on 06/08/2016 at approximately 4:40 p.m. The above information was discussed.</p> <p>On 06/09/2016 the DON presented an order discontinuing the built up utensils.</p> <p>No further information was obtained prior to the exit conference on 06/09/2016.</p>	F 514			